Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

Training resources are available online at: www.hudhre.info/esnaps   - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms.   - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

 - Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy. - New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms. - There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

Exhibit 1 2010	Page 1	11/16/2010

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): AZ-502 - Phoenix/Mesa/Maricopa County Regional CoC

CoC Lead Agency Name: Maricopa Association of Governments

| Exhibit 1 2010 | Page 2 | 11/16/2010 |

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.
This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Maricopa Association of Governments Continuum of Care Regional Committee on Homelessness

Indicate the frequency of group meetings: Bi-monthly

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: 501(c)(4)

Specify "other" legal status:

The Maricopa Association of Governments (MAG) is a 501 c4. The Continuum of Care Regional Committee on Homelessness, the primary decision making group, is a Committee within the Maricopa Association of Governments and is not a legally recognized group on its own.

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 48%

* Indicate the selection process of group members: (select all that apply)

Elected:

Exhibit 1 2010	Page 3	11/16/2010

Assigned:	
Volunteer:	
Appointed:	X
Other:	

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

All members of the MAG Continuum of Care Committee are recommended by the Membership Subcommittee (MS) and are appointed by the Chair of the MAG Regional Council (RC). MAG RC is made up of mayors from the 25 cities and towns and 3 Indian Communities in the region. The MS meets twice a year to oversee membership of the Committee and recommend members when needed. If the MAG RC chair approves recommendation, then an appointment letter is sent to the new member. The process was established to ensure coordinated and timely oversight of the committee's membership. The Chair and Vice Chair are elected officials appointed.

* Indicate the selection process of group leaders: (select all that apply):

Elected:	
Assigned:	
Volunteer:	
Appointed:	X
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes, the MAG CoC Regional Committee on Homelessness could become responsible for such activities if provided administrative funds to do so. MAG is a Council of Governments that serves as the regional planning agency for the Maricopa County region. MAG is a 501 c (4) legally recognized organization. The Continuum of Care Committee has resided at MAG since 1999. MAG has the fiscal controls in place to be able to sucessfully able to serve as the grantee. The Committee would establish policies and procedures to ensure that such activities as oversight and monitoring would be done effectively and to HUD's standards.

| Exhibit 1 2010 | Page 4 | 11/16/2010 |

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Continuum of Care Regional Committee on Homelessness	Regional Homeless Planning Oversight and Decision Making Group. This Committee prepares the consolidated HUD application, is the regional planning body for efforts toward ending homelessness, develops, and oversees implementation of the Regional Plan to End Homelessness.	Bi-monthly
Continuum of Care Planning Subcommittee	Technical Advisory Group. This technical group is responsible for planning for and conducting the annual homeless street count, the annual gaps analysis process, provides recommendations to the Regional Committee and conducts technical work as recommended by the Regional Committee.	Bi-monthly
Regional Plan Implementation Teams	Oversee implementation of goals in the Regional Plan to End Homelessness. This group of stakeholders developed the Regional Plan to End Homelessness for the Regional Committee and meets quarterly to monitor progress and directly implement action steps in the Plan.	quarterly (once each quarter)
HMIS Advisory Group	Advisory and decision making group of the regional HMIS project.	quarterly (once each quarter)
HMIS User Group	Technical advisory group of the HMIS.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

| Exhibit 1 2010 | Page 5 | 11/16/2010 |

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Arizona Coalition to End Homelessness	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Area Agency on Aging, Region One, Inc	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, HIV/AIDS
Arizona Public Service	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Arizona State University	Public Sector	School...	Committee/Sub-committee/Work Group	NONE
Arizona Behavioral Health Corporation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Arizona Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Economic Security	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Arizona Department of Health Services	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Arizona Department of Housing	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Basic Mission	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Catholic Charities Community Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, Domes...
Central Arizona Shelter Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Chicanos Por La Causa, Inc	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Chrysalis	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...

| Exhibit 1 2010 | Page 6 | 11/16/2010 |

City of Avondale	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
City of Chandler	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
City of Glendale	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
City of Goodyear	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
City of Mesa	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
City of Phoenix	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
City of Tempe	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Community Information & Referral	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
State of Arizona Governor's Office	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
HomeBase Youth Services, Inc	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Homeward Bound	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
House of Refuge East	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
U. S. Department of Housing and Urban Development	Public Sector	Publi c ...	Attend 10-year planning meetings during past 12 months	NONE
Human Services Campus	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Kaiser Family Center	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Labor's Community Service Agency	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Youth, Domes.. .
Lodestar Day Resource Center	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Native American Connections, Inc	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
Phoenix Community Alliance	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
City of Phoenix Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

| Exhibit 1 2010 | Page 7 | 11/16/2010 |

Phoenix Shanti Group	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	Veterans, HI...
Recovery Innovations of Arizona	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Salvation Army Family Services	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Save the Family Foundation of Arizona	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Sojourner Center	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domestic Vio...
Southwest Behavioral Health	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriously Me...
Town of Buckeye	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Tumbleweed Center for Youth Development	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, HIV/AIDS
UMOM New Day Centers	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	Seriously Me...
US VETS	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Se...
Valley of the Sun United Way	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
A New Leaf	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domestic Vio...
Arizona Housing, Inc	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Su...
Community Bridges	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Substance Abuse
Phoenix Rescue Mission Men's Emergency Shelter	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	Substance Abuse
The Bridge	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domestic Vio...
Magellan Health Services of Arizona	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriously Me...
City of Surprise	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE

| Exhibit 1 2010 | Page 8 | 11/16/2010 |

Maricopa County	Public Sector	Stat e g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Margaret Trujillo and Associates	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months, C...	NONE
Arizona Department of Veteran's Services	Public Sector	Stat e g...	Attend 10-year planning meetings during past 12 months, C...	Veteran s
HOM Inc.	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	Seriousl y Me...
Magellan Health Services of Arizona	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Maricopa County	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Christopher Wren Robin	Individual	For merl. ..	Attend 10-year planning meetings during past 12 months	NONE

Exhibit 1 2010	Page 9	11/16/2010

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Coalition to End Homelessness

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 10 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Area Agency on Aging, Region One, Inc

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Youth, HIV/AIDS

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management, Transportation, HIV/AIDS

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 11 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Public Service

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Businesses

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 12 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona State University

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 13 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Behavioral Health Corporation

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Utilities Assistance, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 14 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Department of Corrections

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 15 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Department of Economic Security

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 16 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Department of Health Services

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 17 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Department of Housing

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Public housing agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 18 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Basic Mission

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Street Outreach

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 19 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Catholic Charities Community Services
Type of Membership: **(public, private, or individual)**	Private Sector
Type of Organization: **(Content depends on "Type of Membership" selection)**	Faith-based organizations
Role(s) of the organization: **(select all that apply)**	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: **(No more than two subpopulations)**	Youth, Domestic Violence
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: **(select all that apply)**	Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 20 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Central Arizona Shelter Services
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Seriously Mentally Ill, Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Case Management, Child Care, Healthcare, Transportation, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010	Page 21	11/16/2010

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Chicanos Por La Causa, Inc

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Life Skills, Legal Assistance, Transportation, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 22 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Chrysalis

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Mental health, Legal Assistance, Transportation, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 23 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Avondale

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 24 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Chandler

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Authoring agency for Consolidated Plan

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 25 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Glendale

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Authoring agency for Consolidated Plan

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 26 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Goodyear

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 27 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Mesa

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Authoring agency for Consolidated Plan

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 28 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Phoenix

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Authoring agency for Consolidated Plan

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 29 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Tempe

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Authoring agency for Consolidated Plan

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 30 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Information & Referral

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 31 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: State of Arizona Governor's Office

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 32 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: HomeBase Youth Services, Inc

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Education, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Mobile Clinic, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Exhibit 1 2010 | Page 33 | 11/16/2010

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Homeward Bound
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Domestic Violence
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 34 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: House of Refuge East

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Education, Case Management, Life Skills, Transportation, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 35 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: U. S. Department of Housing and Urban Development

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Public housing agencies

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 36 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Human Services Campus

Type of Membership:
(public, private, or individual)   Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)   Non-profit organizations

Role(s) of the organization:
(select all that apply)   Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)   Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?   Yes

Services provided to homeless persons and families:
(select all that apply)   Counseling/Advocacy, Education, Case Management, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Street Outreach, Life Skills, Healthcare, Mental health, Mobile Clinic, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 37 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Kaiser Family Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management, Child Care, Life Skills, Transportation, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 38 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Labor's Community Service Agency

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth, Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Transportation, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 39 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Lodestar Day Resource Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Healthcare, Mental health, Alcohol/Drug Abuse, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010   Page 40   11/16/2010

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Native American Connections, Inc

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Street Outreach, Education, Case Management, Child Care, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 41 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Phoenix Community Alliance

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 42 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Phoenix Police Department

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 43 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Phoenix Shanti Group

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans, HIV/AIDS

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Education, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 44 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Recovery Innovations of Arizona

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Education, Case Management, Life Skills, Transportation, Alcohol/Drug Abuse, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 45 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Salvation Army Family Services

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Education, Street Outreach, Case Management, Transportation, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 46 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Save the Family Foundation of Arizona

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the Domestic Violence, Substance Abuse
organization:
(No more than two subpopulations)

Does the organization provide direct services Yes
to homeless people?

Services provided to homeless persons and Counseling/Advocacy, Education, Case
families: Management, Child Care, Life Skills, Utilities
(select all that apply) Assistance, Legal Assistance, Transportation, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 47 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Sojourner Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Education, Case Management, Child Care, Life Skills, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 48 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southwest Behavioral Health

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, HIV/AIDS

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 49 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Town of Buckeye

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 50 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Tumbleweed Center for Youth Development

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth, HIV/AIDS

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Utilities Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Street Outreach, Life Skills, Healthcare, Mental health, Mobile Clinic, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 51 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: UMOM New Day Centers

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Education, Case Management, Child Care, Life Skills, Utilities Assistance, Mental health, Transportation, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 52 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: US VETS

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans, Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Education, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 53 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Valley of the Sun United Way

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2010 | Page 54 | 11/16/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: A New Leaf

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Child Care, Life Skills, Mental health

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 55 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Housing, Inc

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Veterans, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 56 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Bridges

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Education, Case Management, Child Care, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 57 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Phoenix Rescue Mission Men's Emergency Shelter

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mental health

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 58 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Bridge

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Life Skills, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 59 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Magellan Health Services of Arizona

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 60 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Surprise

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 61 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Maricopa County

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 62 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Margaret Trujillo and Associates

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Businesses

Role(s) of the organization:
(select all that apply)
Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 63 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Department of Veteran's Services

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 64 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: HOM Inc.

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 65 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Magellan Health Services of Arizona

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management, Life Skills, Healthcare, Mental health

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 66 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Maricopa County

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 67 | 11/16/2010 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Christopher Wren Robin

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12
(select all that apply) months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

| Exhibit 1 2010 | Page 68 | 11/16/2010 |

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)
f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s): (select all that apply)
b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply)
a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?
No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

| Exhibit 1 2010 | Page 69 | 11/16/2010 |

1F. Continuum of Care (CoC) Housing Inventory Count--Change in Beds Available

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

There was a change in emergency shelter beds from 2009 to 2010. Four emergency shelters reclassified beds to meet the need of those seeking shelter. 61 beds were reclassified as beds serving families to beds serving singles. In addition, two beds for individuals were added to the total number of emergency shelter beds.

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

The number of Safe Haven beds remain the same at 25 beds. There was no change in the number of beds.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Overall there was a decrease in 138 TH beds in the community. The decrease represents 38 beds for individuals and 100 beds for families. This decrease is consistant with the 20% decrease in the shelter count. However, There was an increace in the number of PH beds for singles and families in the community indicating that families are moving more quickly from the streets to PH.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

| Exhibit 1 2010 | Page 70 | 11/16/2010 |

Overall, there was an increase of 292 PH beds in the community. Of the new beds, 124 are dedicated for singles and 168 are dedicated for families. A&A Cottages added new beds as did the Veterans Administration for the HUD VASH program. 67 beds were added for chronically homeless individuals with HUD McKinney Vento funding.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

| Exhibit 1 2010 | Page 71 | 11/16/2010 |

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Indicate the type of data sources or methods used to complete the housing inventory count: (select all that apply)

HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply)

Follow-up, Instructions, Updated prior housing inventory information, Confirmation, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply):

Unsheltered count, HUD unmet need formula, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

The unmet need was determined by first using the HUD formula for calculating the unmet need and then members of the Gaps Analysis working group reaching consensus on a recommended unmet need to the Continuum of Care Committee. In addition to the results of the unmet need formula, the working group considered the homeless street and shelter count, data from HMIS, the Housing Inventory Chart, turn-away data from the shelter hotline and provider expertise on gaps in beds in the community.

| Exhibit 1 2010 | Page 72 | 11/16/2010 |

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

 For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	AZ-502 - Phoenix/Mesa/Maricopa County Regional CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	No
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Service Point
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	02/03/2003
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

Exhibit 1 2010	Page 73	11/16/2010

Our community has some small faith-based shelters that are not participating in HMIS. The HMIS Team will continue to meet with non-HUD funded agencies and encourage them to utilize HMIS. There is a partnership between the HMIS Team and the CoC. The two have met with providers to discuss the benefits of HMIS to the agency as well as the continuum as a whole. HMIS reports are used as a selling point to providers showing them the benefits of using data reporting for planning and program improvement. Meetings held with providers have resulted in HMIS implementation for providers that were not considering HMIS. The use of HMIS data for community planning has been successful over the past year and our recent HMIS system upgrade has increased the speed of the system. These two areas will also be used as selling points to encourage providers to use the system. The CoC will continue to work with the HMIS Team to increase our implementation.

| Exhibit 1 2010 | Page 74 | 11/16/2010 |

2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Community Information and Referral
Street Address 1	2200 N. Central, Suite 601
Street Address 2	
City	Phoenix
State	Arizona
Zip Code **Format: xxxxx or xxxxx-xxxx**	85004
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

| Exhibit 1 2010 | Page 75 | 11/16/2010 |

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Mr.
First Name	Robert
Middle Name/Initial	
Last Name	Duvall
Suffix	
Telephone Number: (Format: 123-456-7890)	602-263-8845
Extension	102
Fax Number: (Format: 123-456-7890)	602-263-0979
E-mail Address:	rduvall@cir.org
Confirm E-mail Address:	rduvall@cir.org

| Exhibit 1 2010 | Page 76 | 11/16/2010 |

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC¿s HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* **Emergency Shelter (ES) Beds**	65-75%
* **Safe Haven (SH) Beds**	86%+
* **Transitional Housing (TH) Beds**	86%+
* **Permanent Housing (PH) Beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Semi-annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

Not applicable. Bed coverage in all areas is above 73 percent.

Exhibit 1 2010	Page 77	11/16/2010

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	4%
* Date of Birth	0%	1%
* Ethnicity	0%	6%
* Race	0%	4%
* Gender	0%	0%
* Veteran Status	1%	6%
* Disabling Condition	9%	3%
* Residence Prior to Program Entry	7%	6%
* Zip Code of Last Permanent Address	9%	45%
* Name	0%	0%

How frequently does the CoC review the quality of client level data?   At least Quarterly

How frequently does the CoC review the quality of program level data?   At least Annually

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Exhibit 1 2010	Page 78	11/16/2010

The Data Quality (DQ) Subcommittee meets quarterly to review data quality issues, offer recommendations to improve DQ and set standards for the community. The HMIS team maintains an on-going process of DQ improvement. A DQ Plan is in place and defines the data integrity and DQ expectations, responsibilities of the HMIS staff and agencies, and the processes for monitoring DQ and correcting issues. Reports have been created in HMIS and agencies have been trained on how to run and analyze the reports. Agencies will identify trends in data errors and corrective actions to reverse those trends. The HMIS team will assist agencies in monitoring their internal DQ plans and identify options for resolution of agency data issues.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

All HMIS users are required to attend training conducted by the HMIS Team in which accuracy of entry and exit dates are discussed. All providers are issued a HMIS Policies and Procedures Manual as well as a Data Quality (DQ) Plan. Data entry in HMIS is in accordance with the DQ Plan and the HMIS standards. Data entry must be completed within five working days of the end of each month. The HMIS Team provides technical assistance to those who need help correcting data quality issues and in establishing best practices so that good data is going into the system. If there is a data quality issue, the Team addresses it right away.The importance of good data is stressed at all community meetings and discussed when HMIS reports are distributed.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)   2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans

Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)   2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010?   Yes

| Exhibit 1 2010 | Page 79 | 11/16/2010 |

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Quarterly
Point-in-time count of sheltered persons:	At least Annually
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Annually
Using data for program management:	At least Annually
Integration of HMIS data with data from mainstream resources:	Never

| Exhibit 1 2010 | Page 80 | 11/16/2010 |

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Annually
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Annually
* Compliance with HMIS Policy and Procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Annually

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Quarterly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Quarterly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 09/18/2008

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

Exhibit 1 2010	Page 81	11/16/2010

2H. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Monthly
* Using HMIS data for assessing program performance	At least Monthly
* Basic computer skills training	At least Annually
* HMIS software training	At least Monthly

Exhibit 1 2010	Page 82	11/16/2010

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

How frequently does the CoC conduct a point-in-time count?   annually (every year)

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)   01/25/2011

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%

Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

| Exhibit 1 2010 | Page 83 | 11/16/2010 |

Overall, there was a decrease in the number on the streets and in shelter but an increase in PSH. In the street count, there was a 6 percent decrease and in the shelter count there was a 9 percent decrease in the number of people counted in emergency shelters and a 20 percent decrease in the number of people counted in transitional housing programs. The most significant change in the street count was an increase of 27 percent in the number of homeless families and a 30 percent increase in the number of homeless youth on the streets. In shelters, there was a decrease of 7 percent of families and a decrease of 17 percent of individuals. There was an increase of 8 percent in the number of youth on their own in shelters. There was also a 13 percent increase in the number of people in permanent supportive housing on the night of the count. New rapid re-housing and permanent housing programs may have contributed to the reductions on the street and shelters. In addition, the weather may have been a factor for the decrease in the street count as the region had heavy rainfall just prior to the count, forcing homeless people to leave encampments where they are normally found.The increase in families on the streets may be attributed to the recession. Families are losing their jobs, becoming evicted and ending up on the streets.

| Exhibit 1 2010 | Page 84 | 11/16/2010 |

2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations:Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on ¿guesstimates.¿ CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):

Survey Providers:	X
HMIS:	
Extrapolation:	
Other:	

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters).

The 2010 Shelter Count was conducted by the AZ Dept of Economic Security (DES). A survey of providers was conducted. The survey was sent out to all known shelter and housing providers in the CoC. Instruction was provided on how to complete the survey and technical assistance was provided as needed. To ensure accurate data collection, quality control by DES staff was critical to the 2010 shelter count process. Staff analyzed the data, compared the information to the results from the 2009 count and provided a report of the results to the CoC. Follow up was conducted with providers to resolve inaccuracies or questions that DES staff had when reconciling the information. In addition, the results of the count were discussed at CoC meetings with providers to ensure accuracy of the data. The CoC lead met with DES staff to discuss factors that resulted in changes in the shelter count. Once all issues were reconciled, the shelter count was complete and distributed to the community.

Exhibit 1 2010	Page 85	11/16/2010

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation:Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are the chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation is required for sheltered homeless persons and optional for unsheltered homeless persons, with the exception of chronically homeless persons. Sheltered chronically homeless people are those living in emergency shelters only.

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons
(select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Interviews:	
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).

| Exhibit 1 2010 | Page 86 | 11/16/2010 |

The 2010 Homeless Shelter Count was conducted by the Arizona Department of Economic Security (DES). The Shelter Count Subpopulation data was primarily done by a survey of the providers. The survey instrument was sent out to all of the homeless services providers in Maricopa County. Instructions were provided on how to complete the survey and technical assistance was provided as needed. Providers responded to the survey for a point-in-time of January 26, 2010. The count was conducted on a single night. Instructions, including definitions of subpopulations, were included on the survey form. Information for the populations and subpopulations was gathered from HMIS and reported in the survey. Survey responses were provided to DES staff to compile the County-wide results. DES staff then analyzed the data from the Shelter Count, compared the information to the results from the 2009 count and provided a report of the results to the Continuum of Care Regional Committee on Homelessness. The Continuum of Care lead met with DES staff to discuss factors that resulted in increases or decreases in the shelter count.

| Exhibit 1 2010 | Page 87 | 11/16/2010 |

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the sheltered population count:
(select all that apply)

Instructions:	X
Training:	
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

Instructions were provided with the shelter survey explaining the importance of an unduplicated shelter count. The instructions explained when the count was to take place and should include all persons sheltered that night. It was explained that the shelter count is an actual count of persons sheltered and does not include estimates. This information was explained during follow up phone calls and confirmation of submitted data. The information gathered from the surveys was compared to numbers that were entered in HMIS for that point in time. Cross-checking was done by data collection staff and provider staff to ensure that information was accurate. HMIS staff reviewed the shelter count information and completed a cross-check of data reported. The process also included provider follow up to reconcile de-duplication issues if questionable responses were provided.Data quality is an important part of a successful shelter count and this was portrayed in every possible way.

| Exhibit 1 2010 | Page 88 | 11/16/2010 |

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on ¿guesstimates.¿ CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	X
Public places count with interviews:	X
Service-based count:	
HMIS:	
Other:	X

If Other, specify:

The Homeless Street Count for Maricopa County was conducted on January 26, 2010. Homeless Street Count Coordinators were identified in all 25 cities and towns within the County. Each Coordinator facilitated a public places count within their area. Portions of the region were mapped out and volunteers were assigned to cover specific areas and were instructed not to cross over their boundaries. All areas of the region were covered including areas where homeless people are known to be located as well as canvasing areas where homeless people are not typically found. We feel this method provides the most accurate count. The volunteers used a tally sheet to collect the results of their count. The tally sheet contained two parts, one with the numbers of single individuals found and their location and a second section for homeless families and their locations. Information collected in the tally sheet included a category for chronically homeless individuals and non-chronically homeless individuals. Males and females were tallied in each of those areas. The number of families and number of people within each family unit, including adults and children were also included. Homeless youth on their own were tallied into male and female categories. Questions were asked by street count volunteers to determine if a homeless individual met HUD's definition of being chronically homeless. Survey instruments were collected by Street Count Coordinators and provided to the CoC Lead. The CoC Lead compiled the results, verified the data with each Coordinator, and tallied the regional results. A street count debriefing was held one week after the count and process improvements were recommended for the 2011 street count. Planning for the 2011 street count is already underway.

Exhibit 1 2010	Page 89	11/16/2010

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

A combined approach was used to conduct the 2010 homeless street count in the region's 25 cities and towns in Maricopa County. The combined approach included the merger of the complete coverage method and known locations method. In very high-density areas, the complete coverage method was used as enumerators canvassed every street in the geographic area. A known locations method was also used as homeless outreach teams and service providers provided information on locations where homeless people are known to be found. For low-density areas (more rural parts of the region), a statistically valid sampling method was used as enumerators were randomly selected to count certain areas and then used a valid extrapolation process to account for areas that were not randomly selected. The region consists of 25 municipalities and is a very large geographic area. Trainings were provided to enumerators prior to the count and the night of the count. Instructions were also provided with the survey sheet that included a description of subpopulations. The combined approach to conducting the street count has proven to be a reliable way to count the number of homeless individuals and families in the Continuum of Care's geographic area.

| Exhibit 1 2010 | Page 90 | 11/16/2010 |

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These strategies are knows as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count:
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

Exhibit 1 2010	Page 91	11/16/2010

The Continuum of Care lead works with and provides training and technical assistance to Street Count Coordinators in all 25 municipalities in the region. The Street Count Coordinators are trained on best practices for conducting a homeless street count, on preventing duplication, and on effectively counting unsheltered homeless persons. An emphasis is placed on preventing duplication. Maps of geographic boundaries are provided to Street Count volunteers and the volunteers are instructed not to count outside of their geographic boundaries assigned to them. There are specific times set up for coordinators to conduct the count to reduce the chances of someone being counted as a duplicate. In high density areas, people were asked if they had already been counted by an enumerator. Also, in very high density areas, enumerators were assigned one-mile by one-mile geographic area to cover to ensure they had an adequate amount of time to cover their assigned area effectively and accurately. Enumerators were trained and instructed not to count people outside of their boundaries even, for example, if they could see someone just outside of their geographic boundary. Training sessions were held prior to the count, and on the night of the count. Time was given during the training that focused on de-duplication techniques, including a slide depicting the correct way to count. This was specifically done to reduce chances of duplication errors in the count.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The CoC utilizes a number of methods to reduce the number of unsheltered homeless families on the street. Providers in the region identify the lack of affordable housing as a significant cause of homelessness and barrier to people moving out of homelessness. The Regional Plan to End Homelessness includes goals to increase affordable housing options to 1,000 units over 10 years to prevent and end homelessness. There are 13 Homeless Outreach Teams that work with homeless families to get them off the streets, into shelter, and eventually into housing. Recent innovations such as the Human Services Campus offer an array of services in a one-stop location to quickly move people from the streets into housing. In addition, the CoC has prioritized permanent supportive housing projects for homeless families. Additional beds are being targeted in the community for families. There is also collaboration among the Homeless School Liaisons in identifying families that are homeless and working with the resources in the community to help stabilize the family and put them on the road to self-sufficiency.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

| Exhibit 1 2010 | Page 92 | 11/16/2010 |

Many efforts are in place across the region to reduce the number of homeless and chronically homeless people sleeping on the streets. In April, Project H3, the region's Common Ground initiative began its 50 homes project. Volunteers used the vulnerability index (VI) survey technique and identified chronically homeless individuals with medical concerns and prioritized them for housing. The team has housed 12 of the most vulnerable and is in process of housing the first 50. Plans for continued use of the VI will continue to house the most vulnerable people on the streets. In addition, Project Homeless Connect (PHC) events are taking place monthly throughout the region. Coordinated outreach efforts take place before the PHC events to engage persons sleeping on the streets to attend the events. Transportation to the events are provided to those who need it. Once at the event, homeless persons are connected with shelter and housing options as well as many other services. During the summer months, Heat Relief efforts are in place to provide hydration and refuge to people on the streets. Sites are set up across the region and education and awareness on the dangers of extreme heat are critical to the effort. The CoC has also prioritized reducing the number of homeless veterans and homeless families on the streets. Additional PSH units are in place for these populations and outreach teams are working to not only provide outreach but to house people on the streets.

| Exhibit 1 2010 | Page 93 | 11/16/2010 |

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

1.The AZ Behavioral Health Corp. and Community Bridges will open 67 new PH beds for chronically homeless persons with PH bonus project funding received in the 2009 competition.
2.The Human Services Campus/Arizona Housing Inc. will create 35 additional beds for CH individuals with bonus project funding allocated in the 2010 application.
2.Valley of the Sun United Way will help develop 250 units of PSH for chronically homeless individuals as the first phase of implementation of their PSH plan.
3.In February 2011, the Corporation for Supportive Housing will conduct a training session on developing Housing First projects in the region to aide non-profits in developing new PSH.

Describe the CoCs long-term (10-year) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

| Exhibit 1 2010 | Page 94 | 11/16/2010 |

1.Maricopa Assoc. of Governments will recommend at least $1 million of HUD bonus funds each year for a total of $10 million for PH beds for chronically homeless individuals and/or families throughout the region.
2.Valley of the Sun United Way will help to provide 1,000 units of PSH for chronically homeless individuals by 2015.
3.MAG Human Services Program Manager will provide technical assistance to providers on developing high quality PSH projects to compete successfully for HUD bonus funds.
Corporation for Supportive Housing will create a local PH Institute for provdiders to develop PSH.
The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

How many permanent housing beds do you currently have in place for chronically homeless persons? 605

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 640

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 890

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 1,640

| Exhibit 1 2010 | Page 95 | 11/16/2010 |

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing the self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Progress Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

1.MAG Human Services Program Manager will ensure that PH projects not meeting the goal of 77% develop an annual corrective plan on the steps that they will take that will improve their performance toward attaining and exceeding the national goal of 77%. The corrective plan will be evaluated on an annual basis.
2.MAG Human Services Program Manager will identify local best practices among PH projects that are exceeding 77% and hold a training session for PH providers on best practices.
3.A workshop on housing stabilization techniques will be conducted and providers will add housing stabilization services to the array of services provided to their clients.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).

| Exhibit 1 2010 | Page 96 | 11/16/2010 |

1.MAG Human Services Program Manager will facilitate a discussion among PH providers on housing retention barriers and best practices and develop a plan to address barriers.
2.MAG Human Services Program Manager will conduct annual training sessions for providers on housing retention best practices.
3.MAG CoC Regional Committee on Homelessness will recommend the reallocation of funding from PH projects that are continuously unable to meet the goal of 77 percent and are not making progress on the agreed upon corrective plan to new PH projects.
The Continuum of Care Regional Committee on Homelessness has an implementation team that monitors progress made on the the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 88

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 90

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 91

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 91

| Exhibit 1 2010 | Page 97 | 11/16/2010 |

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase the percentage of participants in CoC funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The ultimate objective of transitional housing is to help homeless families and individuals obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent.   In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

1.MAG Human Services Program Manager will ensure that TH projects not meeeting the goal of 65% develop an annual corrective plan on the steps that they will take to improve their performance towarrd attaining and exceeding the goal of 65%. The corrective plan will be evaluated on an annual basis.
2.MAG Human Services Program Manager will identify local best practices among moving clients from TH projects to PH and hold a training session for TH providers on best practices and for finding housing resources in the community.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

1.MAG CoC Regional Committee on Homelessness will require low performing TH providers to routinely help their participants apply for subsidized housing and connect their clients with mainstream resources.
2.MAG CoC Regional Committee on Homelessness will recommend the reallocation fo funding from TH projects that are continuously unable to meet 65% and are not making progress on the agreed upon corrective plan to new PH projects.
3. The 10 year plan includes creating 1,000 PH units in which clients transitioning from the streets or TH units can move into.
The Continuum of Care has an implementation team that monitors progress made on the the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

| Exhibit 1 2010 | Page 98 | 11/16/2010 |

What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 57

In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 65

In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 67

In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 70

| Exhibit 1 2010 | Page 99 | 11/16/2010 |

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC funded project (excluding HMIS dedicated projects only) is expected to report the percentage of participants employed at exit on its Annual Progress Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent.   In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

1.MAG CoC Regional Committee on Homelessness will partner with Maricopa County Workforce Connections to conduct a workshop for homeless service providers on the skill sets needed for clients to obtain employment.
2.MAG CoC Regional Committee on Homelessness will require CoC funded projects to include an education and training componenet in their service delivery to ensure that clients recieve the skills needed to obtain employment and become self-sufficient.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

| Exhibit 1 2010 | Page 100 | 11/16/2010 |

1.MAG Human Services Program Manager will coordinate a training workshop on employment programs available in the region to ensure that service providers are aware of employment resources for their clients and know how to help their clients gain employment.
2.MAG Human Services Program Manager will require low performing providers to develop a corrective plan to meet the 20% goal. The corrective plan will be evaluated on an annual basis to determine if the percent of persons employed at exit has improved.
The Continuum of Care has an implementation team that monitors progress made on the the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

What is the current percentage of participants in all CoC funded projects that are employed at program exit?   30

In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?   30

In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?   34

In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?   35

| Exhibit 1 2010 | Page 101 | 11/16/2010 |

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

On this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. In addition, CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to decrease the number of homeless households with children. (limit 1000 characters)

1.Two new projects are being recommended for HUD bonus funding to provide PSH to 17 homeless families throughout the region. The City of Mesa/Save the Family Foundation will provide 7 units of PSH to families in the Mesa area and UMOM New Day Centers will provide 10 units of PSH to homeless families in the Phoenix area.
2.Homeless Prevention and Rapid Re-housing funding will be targeted to at least 50 homeless families in the next year. This will enable homeless families to rapidly move from the streets to housing or will provide them with rent assistance to prevent them from becoming homeless.
3.Homeless families with children who attend monthly regional Project Homeless Connect events will be referred to PSH providers who serve families. Providers with openings will attend events and will directly house homeless families the day of the event.

Describe the CoCs long-term (10-year) plan to decrease the number of homeless households with children. (limit 1000 characters)

| Exhibit 1 2010 | Page 102 | 11/16/2010 |

1.The CoC will prioritize HUD bonus funding to provide PSH for homeless families each year, decreasing the number of homeless families on the streets.
2.Develop recommendations for prevention strategies based on an assessment of best practices for homeless families with children. Conduct a workshop on implementing strategies.
3.MAG CoC Regional Committee on Homelessness will partner with municipalities and homeless service providers to place homeless families with children in housing through the regional homeless prevention and rapid re-housing programs. As a result of the programs, homeless families with children will stabilize and become self-sufficient.
The Continuum of Care has an implementation team that monitors progress made on the the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 47

In 12-months, what will be the total number of homeless households with children? 47

In 5-years, what will be the total number of homeless households with children? 20

In 10-years, what will be the total number of homeless households with children? 5

| Exhibit 1 2010 | Page 103 | 11/16/2010 |

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

For each system of care identified below, describe the CoC¿s efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

| Exhibit 1 2010 | Page 104 | 11/16/2010 |

It is the State's policy that the AZ Department of Economic Security "shall not transition a young adult to a state of homelessness". A case plan meeting shall be held when a decision to remove a young adult from continued placement is under consideration. The department shall ensure an appropriate discharge plan is developed for all youth aging out of foster care which includes: the plan to meet the identified needs as gathered from the comments, recommendations, and requests of the youth, caregiver and other service team members; and specific plans for obtaining any identified services. The department shall explore suitable resources and ensure the child and caregivers are provided sufficient information to enable them to contact the service provider and initiate services identified in the discharge plan. The continuum of housing options must offer a full array of options to meet the unique needs and goals of young adults. Community housing options include: transitional living, semi-independent community living, independent community living, permanent housing and home ownership. Youth aging out of foster care will be directed to one of housing options and not into homelessness. HMIS data shows that 0% of persons in emergency shelter, transitional housing or permanent supportive housing list foster care as their prior living situation. The Continuum of Care participates in statewide discharge planning through the Arizona Commission on Homelessness and Housing.

Health Care:

The AZ Department of Health Services has discharge protocol in place that states that persons will not be discharged into homelessness. Hospital staff is provided with information on appropriate referral resources for those being discharged and hospital case workers will work with homeless individuals to identify housing options. For those who enter the hospital homeless, a respite center has opened that will provide services for homeless adult males and females who have met hospital discharge criteria, but require a safe, clean environment to further recover from illness or injury. Respite services may also be provided to homeless adult men and women who do not meet hospital admission criteria but are too sick to care for themselves in a shelter or on the street. The State Plan to End Homelessness, created in 2004, sets forth discharge planning action steps. The Arizona Commission on Homelessness and Housing has identified discharge planning as their number one priority over the next year. It is the policy that persons leaving the health care system should not discharged into homeless McKinney Vento housing, but rather be integrated back into the community in a positive way. Updates on the work of the Commission will be provided to the CoC.

Mental Health:

| Exhibit 1 2010 | Page 105 | 11/16/2010 |

The Regional Behavioral Health Authority for the County is Magellan Health Services. Magellan begins inpatient discharge planning immediately for behavioral health recipients identified as needing inpatient services or upon admission. Key components include the review of medical necessity criteria for inpatient admissions, the development of a discharge plan, the requirements for completing hospital discharge plans, the development of an individual service plan, and the review and or modification of the person's treatment plan. Housing is critical so that appropriate housing placement is completed. The consumer and case manager completes a Housing Needs Assessment and Meaningful Community Activities Worksheet and submits forms to the Housing Administrator at the local mental health clinic. The case manager schedules a meeting with the consumer, hospital staff, housing ACT Team, clinical team and probation/parole officer to discuss the program expectations, conditional release rules and regulations, tenant responsibilities, service and other housing related needs. A number of housing options have been developed for persons with serious mental illness including transitional living, semi-independent community living, independent community living, permanent housing and home ownership.Persons are discharged to approThe Continuum of Care participates in statewide discharge planning through the Arizona Commission on Homelessness and Housing.

Corrections:

At AZ Dept. of Corrections, discharge planning is part of an Individualized Corrections Plan that outlines an inmate's needs, expectations and progress. Before an inmate's release, focus is given to pre-release preparations that enhance successful re-entry into society. The Dept., in collaboration with State and local partners, provides re-entry classes, pre-release assistance with housing and referrals for community services to all inmates. Assistance to qualify pre-releases for community health services and treatment is given to specialty populations. The Dept. is working with the SSA to re-qualify prior to release those inmates who were on SSDI benefits before incarceration. Every effort is made to approve a viable housing placement before an inmate's release. Early release for inmates with earned early release credits and inmates participating in the Transition Program (TP) for Non-Violent Offenders is dependent on an approved housing placement, not in HUD funded homeless housing. For released inmates, the focus is on stable housing and access to services. Some inmates are discharged to halfway houses and others to other appropriate housing options. Case management and services are provided by the Dept. Community Corrections staff, through the TP and through the Community Accountability Program. Since 2006, services have also been available to inmates releasing to approved housing in the County through Dept. of Justice Prisoner Re-entry Initiative Grants.

| Exhibit 1 2010 | Page 106 | 11/16/2010 |

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?

Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

The City of Phoenix Consolidated Plan includes strategic goals addressing homelessness. The Con. Plan refers to the CoC Regional Plan to End Homelessness and is in alignment with the region's goals. The CoC staff reviewed the Consolidated Plan goals and provided input on how the plan ties to the Regional Plan to End Homelessness. The main goal areas are: housing and supportive services, education, training and employment, leadership and community support, prevention, and collaboration. Within the five goal areas, thirty action steps have been developed that include steps to achieve the goals set forth within HUD's NOFA. The action steps include focus on creating new permanent housing beds for chronically homeless people, moving people successfully from transitional to permanent housing, housing retention within permanent housing programs, focus on education, training and employment outcomes, and decreasing the number of homeless households with children.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

| Exhibit 1 2010 | Page 107 | 11/16/2010 |

The MAG Continuum of Care Regional Committee on Homelessness coordinated an initial meeting convening all HPRP grantees in the region as well as the local HUD staff to discuss coordination of efforts. A representative from all six grantee jurisdictions attended the initial meeting and discussed initial planning and processes. The Continuum of Care Regional Committee on Homelessness has continued to technical assistance to any HPRP grantee needing assistance with HPRP funds. Several McKinney-Vento funded agencies are subgrantees, providing rapid re-housing. The HMIS team held continues to conduct collaborative meetings with all HPRP grantees on utilizing HMIS for data collection and reporting. The HMIS Team also provides technical assistance when needed. The HPRP grantees in the region have agreed to a data sharing policy in which data will be shared among jurisdictions. Many of the providers, or subgrantees, are members of the Continuum of Care Regional Committee on Homelessness and communicate and collaborate with each other through the Continuum of Care forum. The CoC is planning collaborative meetings of HPRP grantees in December 2010 and will take place quarterly in 2011.

Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The MAG Continuum of Care Regional Committee on Homelessness is actively collaborating with grantees of the Homeless Prevention and Rapid re-housing program. The Continuum of Care has hosted two meetings with HPRP grantees, has offered technical assistance during the community planning phase, and has sent out communication via email to grantees regarding American Reinvestment and recovery Act program guidelines and planning tools obtained from the National Alliance to End Homelessness. The CoC's HMIS team provided trainings and technical assistance to HPRP grantees as well as sub-grantees. The local HUD office held collaborative meetings among grantees in the region for the Neighborhood Stabilization Program and offered technical assistance to grantees. That process was shared with staff from the Continuum of Care and staff used it as a model for collaboration of HPRP funding. Many of the sub-grantees are collaborating with each other to provide the best use of the local American Reinvestment and Recovery Act program funding.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?   No

| Exhibit 1 2010 | Page 108 | 11/16/2010 |

If yes, please describe the established policies that are in currently in place.

The CoC does not currently have policies in place but is in process of developing policies. Policies to ensure all children are enrolled in school and connected to appropriate services will be in place by next year. The CoC has collected the procedures that each provider currently has in place, has met the the State Education Coordinator and has begun the process of developing policies. Service providers and homeless school liaisons will be involved in the development of the policies as will providers of mainstream services.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The MAG Human Services Program Manager met with the State Education Homeless Coordinator and liaisons from across the region to learn more about what homeless liaisons do and discuss ways to collaborate. The CoC will invite local school liaisons and the Homeless Education Coordinator to attend CoC meetings. The State Education Coordinator has been asked to join the CoC and become involved in strategic planning. Homeless school liaisons will be provided with information on homeless providers and resources for homeless families. HUD McKinney-Vento funded providers will be required to collaborate with the school liaisons in their area or the school of origin for the children they are serving to ensure that children in their programs are getting their educational needs met. The CoC will coordinate with liaisons and service providers to develop protocol for liaisons to refer families and youth to HUD programs.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The State Education Coordinator conducted a training for homeless and dv providers on the education rights of homeless children in October 2010 on what providers can do help children remain in school and obtain their education. Service providers will receive contact information of the homeless liaisons in their community and information on services the liaisons provide. Providers serving children will be required to develop an education plan for children and youth as part of a family's case plan. Providers will also be required to contact the school liaison to find out what forms of tutoring are already funded and available. If none are available, collaborate with the school district to establish a tutoring program at shelters. Providers will ensure that they have a quiet study area and education resources for students available at the shelter. Posters will be hung on the walls of the shelters to inform families of their education rights and informational handouts will be provided. HUD McKinney-Vento funded providers will be required to collaborate with the school liaisons in their area or the school of origin for the children they are serving to ensure that children in their programs are getting their educational needs met. In addition, providers will be required to coordinate with the school of origin to ensure that transportation needs to and from school are met.

| Exhibit 1 2010 | Page 109 | 11/16/2010 |

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

The CoC has been engaged in the development of the AZ Plan to Prevent and End Homelessness for Veterans. The plan localizes the Federal Strategic Plan to End Homelessness and leverages the goals and action steps in the Regional Plan with the specific focus on homeless veterans. As outlined in the plan, years 1-2 will focus on ending chronic homelessness for vets. Years 2-4 will increase the scale and efficiency of temporary help systems like TH programs and mainstream resources. Years 4-5 will be preventing homelessness. There are 70 TH beds for homeless vets through the U.S. Vets program. In addition, there are 138 PSH beds available through the U.S. Vets program and HUD VASH funding. Over the past year, a plethora of housing and service options have been opening for homeless vets. Some of the recent activities include the Madison St. Veterans facility, a peer run housing program for vets; the Dept. of Housing has created a veterans preference in the LIHTC program and the NRP Group was awarded Tax Credits to create a new 60 unit PH complex that will serve veterans. Project H3 surveyed chronically homeless people using the vulnerability index by Common Ground to identify medically vulnerable individuals. 55 homeless veterans were interviewed and 22 were found to be medically vulnerable. The VA has committed to housing all of the vulnerable veterans interviewed. The CoC will continue to be engaged in the implementation of the Plan and on ending homelessness among veterans.

Exhibit 1 2010	Page 110	11/16/2010

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

A CoC who¿s FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

| Exhibit 1 2010 | Page 111 | 11/16/2010 |

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD¿s five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled ¿2009 Proposed Numeric Achievement¿, enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled ¿Actual Numeric Achievement¿, enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter ¿No¿ to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	538	**Beds**	605	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	90	**%**	88	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	67	**%**	57	**%**
Increase percentage of homeless persons employed at exit to at least 20%	34	**%**	30	**%**
Decrease the number of homeless households with children.	733	**Households**	789	**Households**

Did CoC submit an Exhibit 1 application in 2009? Yes

Exhibit 1 2010	Page 112	11/16/2010

If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

The CoC exceeded in creating new PH beds for CH.We were just under our goal of persons staying in PH. The CoC will conduct best practices workshops on housing retention in 2011 to further increase our performance.The employment goal and moving from TH to PH were challenging for providers.Clients are unable to obtain employment and move on to PH destinations.These goals are directly impacted by the high unemployment rate and economic crisis in our State.The unemployment rate is at 9.7%,homeless persons have to compete with other unemployed persons who have strong, stable job histories. In addition,AZ ranks 6th highest in the country on the Economic Distress Index. The CoC recognizes these challenges and will work hard to improve next year. While our overall percentage is low, some of the TH providers did well. We are going to learn from the high performing TH providers to improve on the overall percentage. Best practices workshops will be held to help their clients learn the skills needed to obtain employment and on successfully moving to PH.The CoC had an increase in the number of homeless households with children. The economy directly impacted our achievement.There was a 29% increase in homeless families on the streets.HMIS data shows that 50% of the children in shelter are homeless for the first time. Families are losing their jobs, becoming evicted and ending up homeless. The CoC is taking an aggressive approach to ensure we improve on our goal achievement next year.

Exhibit 1 2010	Page 113	11/16/2010

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year¿s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	1,489	568
2009	893	654
2010	615	672

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010.   67

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.

| Exhibit 1 2010 | Page 114 | 11/16/2010 |

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$1,393,580				
Total	$1,393,580	$0	$0	$0	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

Not applicable. The number of chronically homeless persons decreased by one percent and the number of permanet beds for chronically homeless persons increased.

Exhibit 1 2010	Page 115	11/16/2010

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field¿s a-e. The ¿Total PH %¿ will be auto-calculated after selecting ¿Save.¿ Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?   Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	385
b. Number of participants who did not leave the project(s)	2050
c. Number of participants who exited after staying 6 months or longer	274
d. Number of participants who did not exit after staying 6 months or longer	1865
e. Number of participants who did not exit and were enrolled for less than 6 months	131
TOTAL PH (%)	88

Instructions:

Exhibit 1 2010	Page 116	11/16/2010

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing.   To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select ¿Save.¿ The ¿Total TH %¿ will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?   Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	783
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	446
TOTAL TH (%)	57

| Exhibit 1 2010 | Page 117 | 11/16/2010 |

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

 HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

 Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select ¿Save¿ and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

 For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 1,341

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	242	18	%
SSDI	137	10	%
Social Security	13	1	%
General Public Assistance	77	6	%
TANF	81	6	%
SCHIP	1	0	%
Veterans Benefits	19	1	%
Employment Income	397	30	%
Unemployment Benefits	56	4	%
Veterans Health Care	19	1	%
Medicaid	599	45	%
Food Stamps	591	44	%
Other (Please specify below)	121	9	%
Child Support, Alimony,401K,WIC,Child care,and tribal pay			
No Financial Resources	484	36	%

The percentage values will be calculated by the system when you click the "save" button.

| Exhibit 1 2010 | Page 118 | 11/16/2010 |

Does the CoC have any non-HMIS projects for which an APR was required to be submitted?   Yes

| Exhibit 1 2010 | Page 119 | 11/16/2010 |

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

| Exhibit 1 2010 | Page 120 | 11/16/2010 |

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?   Yes

If 'Yes', describe the process and the frequency that it occurs.

The Continuum of Care analyzes project APRs annually to assess project outcomes and access to mainstream programs. The information from the APRs is used to determine priority for which programs need technical assistance. APR training was conducted in June of 2008 and technical assistance is provided on an as-needed basis. Low performing projects receive additional technical assistance and guidance on their APR performance.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?   Yes

If "Yes", indicate all meeting dates in the past 12 months.

As part of the CoC's Regional Plan to End Homelessness, brownbag training sessions have been conducted for service providers to increase access and knowledge of mainstream resources. The following meetings have been held. SSI/SSDI Case Manager training February 27, 2009, September 10, 2009,March 30, 2010 and September 17, 2010. Case Manager training on connecting clients to the behavioral health system August 8, 2009. Another training on the behavioral health system is planned for December 2010. In addition, financial management trainings are planned for case managers in 2011.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?   Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?   Yes

| Exhibit 1 2010 | Page 121 | 11/16/2010 |

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. semi-annually (twice a year)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

The CoC held SOAR training on September 1-2, 2005. Beginning in February 2009, the CoC, in partnership with the local Social Security Administration, began providing quarterly brown-bag training sessions to homeless service providers on determining SSI/SSDI eligibility requirements, following up on the status of applications, and successfully completing paperwork to get eligible clients on SSI/SSDI. Trainings were provided on February 27 and September 10, 2009 and will take place routinely in 2011.

| Exhibit 1 2010 | Page 122 | 11/16/2010 |

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	80%
Case Managers work with clients to determine if they are eligible for mainstream benefits. If clients are eligible, Case Managers work with clients assisting with completing applications, helping clients obtain necessary documentation, assist with follow up and can sometimes provide transportation to and from appointments	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	80%

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	0%

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	72%
4a. Describe the follow-up process:	
Case Managers meet with clients on a routine basis to ensure benefits are received. Case Managers asses progress made on eligiblilty and applications submitted, set new goals with clients if needed and follow up with clients and mainstream benefit providers to ensure benefits are received.	

Exhibit 1 2010	Page 123	11/16/2010

Continuum of Care (CoC) Project Listing

Instructions:

 IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

 To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Transitiona l Hous...	2010-10-13 13:19:...	1 Year	Labor's Communit y...	279,594	Renewal Project	SHP	TH	F
HSC Chronically H...	2010-11-12 14:03:...	2 Years	Human Services Ca...	639,424	New Project	SHP	PH	P1
Affordable Rental...	2010-11-10 19:41:...	5 Years	City of Mesa	411,120	New Project	S+C	PRA	P3
Village	2010-10-19 17:38:...	1 Year	Arizona Behaviora...	1,801,534	Renewal Project	SHP	PH	F
Catherine Arms	2010-10-19 12:39:...	1 Year	Native American C...	163,178	Renewal Project	SHP	PH	F
Nicholas Transiti...	2010-10-20 16:38:...	1 Year	HomeBase Youth Se...	333,370	Renewal Project	SHP	TH	F
HUD3024	2010-10-19 17:05:...	1 Year	Arizona Behaviora...	519,019	Renewal Project	SHP	PH	F
Transitiona l Hous...	2010-10-20 19:42:...	1 Year	Save the Family F...	420,100	Renewal Project	SHP	TH	F
Haven House Trans...	2010-10-15 12:31:...	1 Year	United Methodist ...	201,671	Renewal Project	SHP	TH	F
Transitiona l Hous...	2010-10-21 16:02:...	1 Year	Sojourner Center	417,763	Renewal Project	SHP	TH	F
WINR Achievers	2010-10-19 13:52:...	1 Year	Women In New Reco...	46,862	Renewal Project	SHP	PH	F
Maricopa HMIS Pro...	2010-10-20 16:42:...	1 Year	Communit y Informa...	400,921	Renewal Project	SHP	HMIS	F

| Exhibit 1 2010 | Page 124 | 11/16/2010 |

NOVA SafeHaven	2010-10-19 19:07:...	1 Year	Arizona Behaviora...	1,114,795	Renewal Project	SHP	SH	F
Shelter Plus Care...	2010-11-12 18:12:...	1 Year	Arizona Departmen...	3,008,592	Renewal Project	S+C	TRA	U
HIV Case Manageme...	2010-10-18 19:25:...	1 Year	Area Agency on Ag...	126,575	Renewal Project	SHP	PH	F
Transitional Shelter	2010-11-03 14:10:...	1 Year	Chrysalis Shelter...	24,269	Renewal Project	SHP	TH	F
Horace Steele Com...	2010-10-21 18:17:...	1 Year	Arizona Housing, ...	78,663	Renewal Project	SHP	PH	F
House of Refuge	2010-10-20 19:35:...	1 Year	Arizona Behaviora...	903,424	Renewal Project	SHP	TH	F
Faith House Trans...	2010-10-21 13:11:...	1 Year	A New Leaf, Inc.	510,688	Renewal Project	SHP	TH	F
Tempe Youth Resou...	2010-10-21 15:52:...	1 Year	Tumbleweed Center...	214,429	Renewal Project	SHP	SSO	F
Horace Steele Com...	2010-10-21 18:29:...	1 Year	Arizona Housing, ...	58,025	Renewal Project	SHP	PH	F
East Valley Men's...	2010-10-21 13:14:...	1 Year	A New Leaf, Inc.	58,878	Renewal Project	SHP	TH	F
CONTACS Shelter H...	2010-10-20 16:49:...	1 Year	Community Informa...	176,752	Renewal Project	SHP	SSO	F
HIV Case Manageme...	2010-10-18 19:13:...	1 Year	Area Agency on Ag...	63,064	Renewal Project	SHP	PH	F
Madison Point Vet...	2010-11-12 15:51:...	3 Years	United Methodist ...	347,382	New Project	SHP	PH	P2
Casa Mia	2010-10-19 17:00:...	1 Year	Arizona Behaviora...	687,027	Renewal Project	SHP	PH	F
Self-Determinatio...	2010-10-15 12:28:...	1 Year	Phoenix Shanti Group	34,599	Renewal Project	SHP	SSO	F
Shanti	2010-10-19 18:29:...	1 Year	Arizona Behaviora...	70,456	Renewal Project	SHP	PH	F
Transitional Hous...	2010-10-20 19:54:...	1 Year	Save the Family F...	215,406	Renewal Project	SHP	TH	F

Exhibit 1 2010	Page 125	11/16/2010

Brookside	2010-10-19 19:35:...	1 Year	Arizona Behaviora...	202,030	Renewal Project	SHP	PH	F
Casa de Paz	2010-10-19 16:56:...	1 Year	Arizona Behaviora...	373,993	Renewal Project	SHP	PH	F
Nurture Care Enha...	2010-10-15 12:43:...	1 Year	United Methodist ...	187,584	Renewal Project	SHP	SSO	F
Transitional Livi...	2010-10-21 15:57:...	1 Year	Tumbleweed Center...	439,700	Renewal Project	SHP	TH	F
Another Chance	2010-10-14 13:56:...	1 Year	Recovery Innovati...	990,010	Renewal Project	SHP	PH	F
The Thunderbirds ...	2010-10-21 16:33:...	1 Year	Homeward Bound	313,761	Renewal Project	SHP	TH	F
HIV Case Manageme...	2010-10-18 19:04:...	1 Year	Area Agency on Ag...	60,735	Renewal Project	SHP	PH	F
De Colores Transi...	2010-10-11 18:34:...	1 Year	Chicanos Por La C...	101,737	Renewal Project	SHP	TH	F
Center for Hope	2010-10-20 17:37:...	1 Year	Community Bridges...	344,610	Renewal Project	SHP	TH	F
SBHS HIV/AIDS Per...	2010-10-19 20:16:...	1 Year	Arizona Behaviora...	20,775	Renewal Project	SHP	PH	F
Shelter Plus Care...	2010-11-12 18:10:...	1 Year	Arizona Departmen...	1,949,280	Renewal Project	S+C	TRA	U
Arizona Veterans ...	2010-10-15 14:32:...	1 Year	United States Vet...	496,557	Renewal Project	SHP	TH	F
PSH3106	2010-10-19 17:29:...	1 Year	Arizona Behaviora...	685,755	Renewal Project	SHP	PH	F
Shelter Plus Care...	2010-11-12 18:06:...	1 Year	Arizona Departmen...	1,545,192	Renewal Project	S+C	TRA	U
HUD El Mirage/Sur ...	2010-10-19 22:55:...	1 Year	Catholic Charitie...	24,039	Renewal Project	SHP	TH	F
HUD3084	2010-10-19 17:12:...	1 Year	Arizona Behaviora...	938,788	Renewal Project	SHP	PH	F
U.S. Vets Permane...	2010-11-15 23:50:...	1 Year	United States Vet...	152,948	Renewal Project	SHP	PH	F

Exhibit 1 2010	Page 126	11/16/2010

Stepping Stone Place	2010-10-19 12:30:...	1 Year	Native American C...	91,043	Renewal Project	SHP	PH	F
Scattered-Sites	2010-10-21 16:51:...	1 Year	Homeward Bound	26,250	Renewal Project	SHP	TH	F
Kaiser Family Center	2010-11-02 14:39:...	1 Year	The Salvation Army	45,360	Renewal Project	SHP	SSO	F
PSH3109	2010-10-19 17:33:...	1 Year	Arizona Behaviora...	693,793	Renewal Project	SHP	PH	F
Sunrise Circle	2010-10-19 12:34:...	1 Year	Native American C...	35,000	Renewal Project	SHP	PH	F
Pinchot Community...	2010-10-14 19:57:...	1 Year	New Arizona Famil...	99,105	Renewal Project	SHP	PH	F
Homeless Haven	2010-10-19 17:16:...	1 Year	Southwest Behavio...	205,977	Renewal Project	SHP	TH	F
Project HOPE	2010-11-02 14:48:...	1 Year	The Salvation Army	73,080	Renewal Project	SHP	SSO	F
Lamplighter (SMI)	2010-10-15 12:36:...	1 Year	United Methodist ...	80,126	Renewal Project	SHP	PH	F
Pappas Place Drop...	2010-10-21 15:41:...	1 Year	Tumbleweed Center...	318,729	Renewal Project	SHP	SSO	F

Exhibit 1 2010	Page 127	11/16/2010

Budget Summary

FPRN	$15,922,547
Permanent Housing Bonus	$1,397,926
SPC Renewal	$6,503,064
Rejected	$0

Exhibit 1 2010 | Page 128 | 11/16/2010

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	11/15/2010

| Exhibit 1 2010 | Page 129 | 11/16/2010 |

Attachment Details

Document Description: Certification of Consistency with Consolidated Plan AZ502

| Exhibit 1 2010 | Page 130 | 11/16/2010 |